## Form **8871** (Rev. July 2003)

## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service

11

associations of state or local officials? Yes 👱 No 🔔

**General Information** 

1 Name of organization		Employer identification number		
FI Society of Interventional Pain Physicians Political Action Committe		45 - 3139709		
2 Mailing address (P.O. box or number	er, street, and room or suite number)			
1430 Piedmont Dr. East				
City or town, state, and ZIP code				
TALLAHASSEE, FL 32308 -				
3 Check applicable box: Ir	nitial notice 👱 Amended notice	_ Final notice		
4a Date established	ed 4b Date of material change			
08/31/2011	08/07/2013			
5 E-mail address of organization				
kjones@flmedical.org				
6a Name of custodian of records	6b Custodian	6b Custodian's address		
Kristy H. Jones	1430 Piedmont	1430 Piedmont Dr. East		
	TALLAHASSEE	, FL 32308 -		
7a Name of contact person	7b Contact pe	7b Contact person's address		
Kristy H. Jones	1430 Piedmont	1430 Piedmont Dr. East		
	TALLAHASSEE	TALLAHASSEE, FL 32308 -		
8 Business address of organization (	(if different from mailing address show	vn above). Number, street, and room or suite number		
1430 Piedmont Dr. East				
City or town, state, and ZIP code				
TALLAHASSEE, FL 32308 -				
9a Election authority	9b Election aut	hority identification number		
FL	453139709			
Part II Notification of Cla	nim of Exemption From Filing	Certain Forms (see instructions)		
10a Is this organization claiming exe	emption from filing Form 8872, Politica	Organization Report of Contributions and Expenditures, as a		
qualified state or local political organi	ization? Yes ⊭ No _			
10b If 'Yes,' list the state where the o	rganization files reports: FL			

Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or

## Part III Purpose

12 Describe the purpose of the organization

In the state of Florida to support of oppose candidates for statewide, multi-county, legislative, county and municipal office and other activities not prohibited by law.

Part IV		Entities (see instructions	3)	
13 Check if	f the organization has no rel	ated entities		
14a Name	e of related entity	14b Relationship	14c Address	
Florida Society of Interventional Pain Physicians Connected		5200 NW 43rd St. Suite 102-321		
	,		Gainesville, FL 32606 -	
Part V	List of All Officers		Compensated Employees (see insti	ructions)
<b>15a</b> Nam	е	15b Title	15c Address	
Jonathan Daitch, M.D.		Treasurer	1430 Piedmont Dr. East	
			TALLAHASSEE, FL 32308 -	
Sanford Silverman, M.D.		Chairperson	1430 Piedmont Dr. East	
			TALLAHASSEE, FL 32308 -	
	Internal Revenue Code, and and belief, it is true, correct below.	d that I have examined this notice,	ed in Part I is to be treated as a tax-exempt organization.  Including accompanying schedules and statements at I am the official authorized to sign this report, and 08/07/2013	s, and to the best of my knowledge
	Kristy H. Jones		00/07/2013	
Sign Here	Name of authorized of	official	<b>&gt;</b>	Date